



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED STATE

MAR 08 2023

BY 4342  
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1. Entity ID Number <b>000156370</b>		2. Exact name of the Corporation <b>BIZZ WORLD, INC.</b>			
3. Principal Office Address <b>5 Shadowbrook Xing</b>		City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>445120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Convenience Store</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ruxi Dudhia</b>		Vice-President Name <b>Vishal Modi</b>			
Street Address <b>5 Shadowbrook Xing</b>		Street Address <b>5 Shadowbrook Xing</b>			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Vishal Modi</b>		Treasurer Name <b>Ruxi Dudhia</b>			
Street Address <b>5 Shadowbrook Xing</b>		Street Address <b>5 Shadowbrook Xing</b>			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>100</b>	CLASS/SERIALS <b>Common</b>	PAR VALUE <b>0.01</b>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative <b>Ruxi Dudhia, President</b>				Date <b>2/17/23</b>	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 630 - Revised: 11/2021